

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						10/019473						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3			1				53					
4		1					54					
5			1				55					
6		1					56					
7			1				57					
8		1					58					
9			1				59					
10		9		1			60					
11	1						61					
12		1					62					
13			1				63					
14		1					64					
15			1				65					
16		1					66					
17			1				67					
18			1				68					
19		1					69					
20			1				70					
21			1				71					
22		1					72					
23			1				73					
24	1			1			74					
25		1					75					
26			1				76					
27		1					77					
28			1				78					
29		2		1			79					
30		2		1			80					
31		2		1			81					
32		2		1			82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3									
TOTAL DEP.			3									
TOTAL CLAIMS			32									